

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572744

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
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12						
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29						
30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53				1		
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			53			